



Vital Connections Massage & Bodywork
130 Central Ave., Dover, NH 03820 (603)953-3251

COVID-19 Liability Release Intake Form

Due to the COVID-19 Pandemic outbreak, we are taking extra precautions with the intake process of all clients, health history review, as well as extensive cleaning, sanitation, and disinfecting practices.

Please complete the following and sign below.

Symptoms of COVID-19 include:

- Fever (normal temperature should not exceed 100.0 degrees Fahrenheit)
- Headache
- Chills and repeated shaking with chills
- Runny nose
- Sore throat
- Cough
- Shortness of breath, or difficulty breathing
- New changes in or loss of sense of taste or smell.

These symptoms may appear 2 - 14 days after exposure to the virus.

I, _____ agree to the following statements below.

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 14 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 14 days.
- I affirm that I, as well as all household members, have not traveled by plane or cruise ship within the last 14 days, or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 14 days.
- I affirm that I, as well as all household members have not traveled out of the country within the last 14 days.
- I affirm that I, as well as all household members have not traveled outside of NH, VT, and ME via public transportation (i.e. bus, train, plane) within the last 14 days.
- I understand that *Vital Connections Massage & Bodywork* and therapists cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client. I understand that, because massage therapy involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease



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transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork at *Vital Connections Massage & Bodywork*. By signing below I also agree to each of the above statements and release *Vital Connections Massage & Bodywork* and all staff from any and all liability for the unintentional exposure or harm due to COVID-19. Your therapist and *Vital Connections Massage & Bodywork* agree that they abide by all the same standards and affirm the same. We also affirm that we have improved and expanded our disinfection procedures to help keep you safe and to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature _____ Date _____